

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 283
FILED OCT 17 1983

Primary Registration District No. 30-43

Registrar's No. 232

VS 300 Rev. 4/59		AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	5048	5048	
2	8120	8120	
3			
4	1	1	
5	0	0	
6			
7	0	0	
8	0	0	
9	7735	7735	
10			
11			
12	2-0	2-0	
13	1-0	1-0	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Reside before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Infant</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>		d. STREET ADDRESS (If outside, give location) <u>St. Elizabeth</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Baby Girl Tittsworth</u>		4. DATE OF DEATH Month Day Year <u>Sept 29, 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/29/63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) Months Days Hours Min. <u>10 5</u>
11. BIRTHPLACE (City and state or country) <u>Hannibal Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Ronald Tittsworth</u>		13b. MOTHER'S MAIDEN NAME <u>Cheryl Foster</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Ronald W Tittsworth</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity</u> DUE TO (b) <u>Respiratory Distress of newborn</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Samuel B. Landon, M.D.</u> (Degree or title)	22b. ADDRESS <u>711 Grand Ave. Hannibal, Mo.</u>	22c. DATE SIGNED <u>9/30/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 1, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Taylor</u>	23d. LOCATION (City, town, or county) <u>Rockport Ill</u>
24. FUNERAL DIRECTOR <u>Harold R. Rupp</u>	25. DATE RECD. BY LOCAL REG. <u>Sept 30 - 1963</u>	26. REGISTRAR'S SIGNATURE <u>Alfred H. Leland M. Vernon</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Thos. H. Lach, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thos. H. Lach

Licensed Embalmer No. 6982

P. O. Address Barry II

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 9/30/63